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2643  
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#9

IN THE UNITED STATES PATENT AND TRADEMARKS OFFICE

In re Application of: Patrick J. Rainsford

) INTERACTIVE SYSTEM  
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)

Application Serial No. 09/889,966

Filing Date: November 8, 2001

2611  
Group Art Unit: 2643  
Examiner:

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Technology Center 2600

TRANSMITTAL LETTER

Assistant Commissioner for Patents  
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Sir:

Please find enclosed the following in the above referenced patent application:

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Please direct all future correspondence to Customer Number 26-689.

Please charge any additional fees to Deposit Account No. 23-2126.

Respectfully submitted,

Date:

5/15/02

By:

Timothy J. Keefer, Reg. No. 35,567

Wildman, Harrold, Allen & Dixon  
0225 West Wacker Drive  
Chicago, IL 60606  
Ph. (312) 201-2000  
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I hereby certify that this  
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3/1/02  
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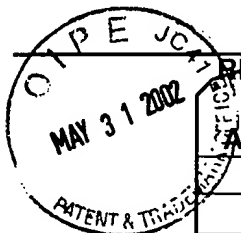
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PTO/SB/82 (10-00)

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**REVOCATION OF POWER OF  
ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	09/889,966
Filing Date	11/08/2001
First Named Inventor	RAINSFORD, PATRICK J
Group Art Unit	2643
Examiner Name	
Attorney Docket Number	

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I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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**OR**

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**OR**

<input type="checkbox"/> Firm or Individual Name	EMUSE CORPORATION				
Address	UNIT 24, TRINITY ENTERPRISE CENTRE				
Address	PEARSE ST. DUBLIN 2				
City					
Country	IRELAND	State		ZIP	
Telephone	00353 1 6717317	Fax	00353 1 6717319		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	EMUSE CORPORATION
Signature	<i>[Handwritten Signature]</i>
Date	13/03/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	9/889,966
	<b>Filing Date</b>	11/08/2001
	<b>First Named Inventor</b>	RAINSFORD, PATRICK J
	<b>Group Art Unit</b>	2643
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	

I hereby appoint:

☒ Practitioners at Customer Number **26-689** → Place Customer Number  
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**OR**

☒ Practitioner(s) named below:

Name	Registration Number
TIMOTHY J KEEFER	35,567
THOMAS J RING	29,971
GARY R GILLEN	35,157
DOUGLAS S RUPERT	44,434

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<input type="checkbox"/> Firm or Individual Name	<b>EMUSE CORPORATION</b>				
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City	<b>DUBLIN 2</b>	State		ZIP	
Country	<b>IRELAND</b>				
Telephone	<b>00353 1 6717317</b>	Fax	<b>00353 1 6717319</b>		

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	<b>EMUSE CORPORATION</b>
Signature	<i>Patrick Rainsford</i>
Date	<b>13/03/02</b>

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